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02/18/2009 HVIIING2 4800000105 500831	TO BITTON	54.50	in Grish =	(Depositor's name)	
01 FC:1501 1510.00 DA		•	Suc	a_ Gual	(Signature)
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APPLICATION NO. FILING DATE		FIRST NAMED INVEN	FIRST NAMED INVENTOR		CONFIRMATION NO.
10/561,773 12/20/20	10/561,773 12/20/2005		. Knight DP-310389 1186		
TITLE OF INVENTION: FUEL SYSTEM					
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APPLN, TYPE SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISSU	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional NO	. \$1510	\$300	\$0	\$1810	02/25/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS	7		
MOULIS, THOMAS N	3747	123-456000			
1. Change of correspondence address or indice CFR 1.563). Change of correspondence address (or CAddress form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address Form PTO/SB/47: Rev 03-02 or more recent) att Number is required. 3. ASSIGNEE NAME AND RESIDENCE DAPLEASE NOTE: Unless an assignce is id recordation as set forth in 37 CFR 3.11. Co. (A) NAME OF ASSIGNEE Please check the appropriate assignce category 4a. The following fee(s) are submitted: Issue Fee: Publication Fee (No small entity discourting Advance Order - # of Copies	thange of Corresponder tess" Indication form tehed. Use of a Custon TA TO BE PRINTED thitlied below, no assignified below in this form is the contract of this form is the correspondent to the co	(1) the names of u or agents OR, altern (2) the name of a s registered attorney 2 registered attorney 2 registered patent listed, no name will on THE PATENT (print of gnee data will appear on the NOT a substitute for filing (B) RESIDENCE: (C) be printed on the patent): 4b. Payment of Fee(s): (I) A check is enclose Payment by credit	ingle firm (having as a or agent) and the namatroneys or agents. If in the printed. Type) an assignment. ITY and STATE OR Common and assignment. The individual Common and agent and assignment. Chase first reapply and acard. Form PTO-2038	member a 2 set of up to 2 set is identified below, the documentary) Transfer or other private group y previously paid issue fee st	ep entity Government
5. Change in Entity Status (from status indica	1-d -h)	overpayment, to D	posit Account Number	5004 3 1 (circlose an	extra copy of this form).
a. Applicant claims SMALL ENTITY st	atus. See 37 CFR 1.27.	b. Applicant is no	onger claiming SMAL	L ENTITY status. See 37 CFF	R 1.27(e)(2).
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Authorized Signature Succe	- Groh	2	Date	17-09	
Typed or printed name Susar 65:56 Registration No					
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